Regimen Reference Order – GAST – bevacizumab + FOLFIRI

ARIA: GAST [bevacizumab + FOLFIRI]

Planned Course: Every 14 days until disease progression or unacceptable toxicity
Indication for Use: Colorectal Cancer Metastatic

CVAD: Required (Ambulatory Pump)

Proceed with treatment if:
ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L
- **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GAST – bevacizumab + FOLFIRI

Establish primary solution 500 mL of: normal saline (bevacizumab incompatible with D5W)

Drug	Dose	CCMB Administration Guideline
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
bevacizumab	5 mg/kg	IV in normal saline 100 mL • Dose 1 to be infused over 90 minutes • Dose 2 to be infused over 60 minutes (if first dose well tolerated) • Dose 3 and subsequent to be infused over 30 minutes (if second dose well tolerated)
atropine	0.6 mg	IV Push over 2 – 3 minutes pre-irinotecan May be repeated once if diarrhea occurs during irinotecan infusion
irinotecan	180 mg/m^2	IV in 500 mL D5W over 90 minutes irinotecan can be infused at the same time as leucovorin through a Y site
leucovorin	400 mg/m^2	IV in 500 mL D5W over 90 minutes
fluorouracil	400 mg/m^2	IV Push over 5 minutes
fluorouracil	2400 mg/m^2	IV in D5W continuously over 46 hours by ambulatory infusion device

All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See GAST DSG – Dose Banding document for more information

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

All Cycles

- CBC, biochemistry, liver function tests, urine protein, and blood pressure as per physician order
    - Urinalysis for protein: Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1 g/L or dipstick proteinuria shows 2+ or 3+, notify prescriber
- Full vital signs (temperature, heart rate, respiration, blood pressure and O_2 saturation) at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	4 mg	Orally twice daily on Days 2 and 3
loperamide	2 – 4 mg	Orally as directed below
prochlorperazine	10 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Ensure patient has received a home chemotherapy spill kit and instructions for use
- If cramping or diarrhea occurs more than 24 hours after irinotecan administration:
    - Take loperamide 4mg (two 2 mg tablets) orally STAT; then
    - During the day: take 2 mg (one 2 mg tablet) orally every 2 hours
    - During the night: Take 4mg (two 2 mg tablets) orally at bedtime and then every 4 hours until morning
    - STOP loperamide once no bowel movement has occurred (e.g. diarrhea-free) for 12 hours
    - If diarrhea has not stopped despite taking **12 tablets (24 mg) of loperamide over a 24 hour period,** please contact your clinic for further instructions. If this occurs after clinic hours, please call the Medical Oncologist on-call and/or report to the nearest emergency room/urgent care centre. Please note that 24 mg per 24 hours is higher than the usual "over the counter" dose for loperamide.
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Nursing to provide patient with 30 tablet supply of loperamide 2 mg, labelled by Pharmacy, to take home with Cycle 1
- bevacizumab causes increased risk of hypertension, post-operative bleeding, wound healing complications and thromboembolic events